## Form **990**

Department of the Treasury

### Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit frust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

Internal Revenue Service and anding A For the 2005 calendar year, or tax year beginning D Employer ident C Name of organization Check if SOCIETY FOR CONCRETE label of 52-216 X Address PAVEMENTS, INC., print oc Room/suite | E Telephone num Name Number and street (or P.O. box II mail is not delivered to street address) 412-22 initial return 6305 OYSTER BAY COURT Apecilio F Accounting method **t**estruc Final City or town, state or country, and ZIP + 4 15017-3468 BRIDGEVILLE, PA Section 501(c)(S) organizations and 4947(a)(1) nonexempt charitable trusts Hand Lare not applicable to section. must attach a completed Schedule A (Form 990 or 990-EZ). H(a) is this a group return for affiliates? H(b) if "Yes," enter number of affiliates ! G Website: WWW.CONCRETEPAVEMENTS.ORG H(c) Are all affiliates included? (II No, attact a list.) H(d) is this a separate return that of ar Organization type (Backonly ont) X 501(c) ( 3 ) 4 (Insert no.) 4947(a)(1) or\_ K Check here fit the organization's gross receipts are normally not more than \$25,000. The ganization covered by a scoup ruli organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to tile a complete return. Some states require a complete return. Check > A Trule organization 106,378 Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances Contributions, gifts, grants, and similar amounts received: a Direct public support Indirect public support 750 e Government contributions (grants) d Total (add lines to through to) (cash \$ \_\_\_\_\_\_86,233. noncash \$ 2 Program service revenue including government less and contracts (from Pay 1911) ne 93) 2 3 Membership dives and assessments 4 Interest on savings and temporary cash investments 5 Dividends and interest from securifies 6 a Gross rents b Less: rental expenses 6c Not rental income or (loss) (subtract line 6b from line 80) Other investment income (describe (B) Other 8 a Gross amount from sales of assets other 8a than inventory ..... Less; cost or other basis and sales expenses; e Gain or (loss) (atlach schedule) d Net gain or (loss) (combine line to columns (A) and (B)) 8d reported on line 1a) 🕽 🗋 Less: direct expenses other than fundraising expenses \_\_\_\_\_\_\_96 Net income of special events (subtract line 9b from line 9a) 96 10 a Gross substanting description and allowances 10a Cross profit or (loss) from sales of inventory (attack schedule) (subtract line 10b from line 10a) 10c 11 Other revenue (from Part VII, line 103) 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 Program services (from line 44, column (B)) 13 14 Management and general (from line 44, column (C)) 14 15 Fundraising (from line 44, column (D)) 15 16 Physinents to affiliates (attach schedule) 16 17 Total expenses (add lines 16 and 44, column (A)) 17 18 Excess or (deficit) for the year (subtract line 17 from line 12) 18 Not assets or fund balances at beginning of year (from line 73, column (A)) 19 19 20 Other changes in net assets or fund balances (attach explanation) 20 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

PAVEMENTS, INC., Form 990 (2005)
Part II | Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section (

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Pro serv	gram ices	(C) Managem and gener	
Grants and allocations (attach schedule)						
(cash \$ 0 _ noncash \$ 0 .						
If this amount includes toreign grants, check here	22					
Specific assistance to individuals (attach						
schedule)	28					
Benefits paid to or for members (attach						`
schedule)	24			,		<u> </u>
Compensation of officers, directors, etc.	25		i_ ,	Ç.	·	0
Other salaries and wages	26					
Pension plan contributions	27					
Other employee benefits	28					_<
	29		•			Acres .
Payroll taxes Professional fundraising fees	30				$\Box \Box C$	A 12
	31					• <u>-</u>
Accounting fees	82	·-	<u>-</u>			
Legal fees	33	2,430.		2,187.	7	243
Supplies	34	83.			W. NO.	8.3
Telephone	35	<u> </u>			1	
Postage and shipping		··-			·· —	
Occupancy	36				<del>                                     </del>	
Equipment rental and maintenance	37	·	<u> </u>			
Printing and publications	38		10	<b>X</b>	<del>                                     </del>	
Travel	39		<del>-</del> <u>-</u> <u>-</u> -₹	·	·	
Conferences, conventions, and meetings	40		- de-7	<u> </u>		
Interest	41	——·— <del>-(</del>				
Depreciation, depletion, etc. (attach schedule)	42	<u></u>	<b>\</b>		<u> </u>	
Other expenses not covered above (iternize):	1		*		1	г.
BANK SERVICE CHARGES	43a _	<u> </u>	<del>-</del>		l ———	<u> 52</u>
CONFERENCE EXPENSES	48 <u>b</u>	<u> 4583-675.</u>	니 <b></b> -	<u>57,575</u> .	•	^-
CREDIT CARD FEES	43c	<u>~3 ~ 254.</u>	4	<del></del>	<b>_</b>	<u>2</u> 54
MEETING EXPENSES	43d (	1.475		1,475	• —	
MISCELLANEOUS	434	<u>_ 65.</u>			<u> </u>	6
WEBSITE EXPENSES	<b>1</b> 3x \ \ \	<u>510</u>	<u>.                                    </u>	510		
	430				<u> </u>	
Total functional expenses, Add lines 22						
through 43. (Organizations completing	4 1		•		İ	
columns (B)-(D), carry these total storage						
13-15)	44	62,444		61,747	•	6 <u>9</u>
int Costs. Check 🕨 📖 🍕 Foblare following e any joint custs from a combined educational campa	g GOF 30 sign and fo	. —. Indkalsing solicitation t	renorted in 19	n Program sei	vices?	)
e any joint easts from a commence eauchitian campa	argii diriv it sele C	N/A	* IIII the ame	unt allocaled	to Program service	es\$
Yes," enter (i) the aggregate impurit of these joint or ) the amount allocatest to management and general :		N/A			to Fundraising S	

## INTERNATIONAL SOCIETY FOR CONCRETE

Form 990 (2005) PAVEMENTS, INC., 52-214
Part III | Statement of Program Service Accomplishments (See the instructions.)

			Part III, the organization's programs and accomplishments.  SEE STATEMENT 1
ll o	rganizations must describe	their exempt purpose a	achievements in a clear and concise manner. State the number of rements that are not measurable. (Section 501(c)(3) and (4) as standard enter the amount of grants and allocations to others.)
9	THE SOCIETY PR	OVIDES EDUC	ATIONAL PROGRAMS, AND SERVICES, OLOGY AND TECHNICAL COMPETENCE TO
	IMPROVE CONCRE COST EFFECTIVE	TE PAVEMENT	PERFORMANCE AND DURABILITY IN A
	(Grants and altocations	<b>\$</b>	) If this amount includes foreign grants, check here
<b>b</b>	Grants and allocations	· · · · · · · · · · · · · · · · · · ·	
	(Grants and allocations	\$	) If this amount includes theigh grants, check here
C			
	<del></del>		
	(Grants and allocations	\$	its semount includes foreign grants, check here
ď		··	
	(Grants and allocations	3 1	) If this amount includes foreign grants, check here
8	Other program services (at	tach soperale	) If this amount includes foreign grants, check here
_	(Grants and allocations	anna (should an	al line 44, column (B), Program services)

PAVEMENTS, INC.,

		Balance Sheets (See the instructions.)	·	г	
Note:	Wher shou	re required, attached schedules and amounts with Id bo for end-of-year amounts only.	(A) Beginning of year		
$\Box$					_ 1
į	45	Cash - non-interest-bearing		36,336.	45
	46	Savings and temporary cash investments			46
•				1	
	47 a	Accounts receivable	47a		
	b	Less: allowance for doubtful accounts	47b	·	47c
			Harris Angeles (Propinsi Angeles (Angeles (Angel		
	48 a		482		
Ì	b	Less: allowance for doubtful accounts		·· <del>·</del>	48c
	49	Grants receivable			49
	50	Receivables from officers, directors, trustees,			50 <b>4</b>
,		and key employees	1		- X
Assets	51 a			C	W. 12
₹	i ra	Less: allowance for doubtful accounts			22
	52	Inventories for sale or use Prepaid expenses and deferred charges			58
	53	Investments - securities	Cost FMV		54
	54 55 a			A 28 A	:::
	22.8	equipment: basis	55a	36 JA	
	١	Equipitotic Coolo			
	١.	Less: accumulated depreciation	555		55¢
	56	Investments - other		5*	_56
	57 a			,	
	b		57b		57c
	58	Other assets (describe >		<u></u>	58
					Ì
	59	Total assets (must equal line 74). Add lines 45	through 58	36,336.	$\overline{}$
	60	Accounts payable and accived expenses			60
	61	Grants payable		· ·	62
m	62	Deferred revenue	<b>Q. Y</b>		68
Llabilities	63	Loans from officers, directors, trustees, and	,		648
Ē	64	a Tax-exempt bond liabilities			64b
Ĭ	1	b Mortgages and other notes payable	ES )	140.	
	65	Other liabilities (describe PREPAID DU	<u> </u>		
		Total llabilities. Add lines 60 through 65)		140.	66
_	66	anizations that follow Space Try, check here	and complete lines	'	7
	Vi 9	67 through 69 and lines 78 and 74.			
8	67	Unrestricted			. 67
)	68			<u> </u>	68
88	69	<b>A</b> 1			69
Net Assets or Fund Balances	Ora	anizations that po not follow SFAS 117, check	here 🕨 🗓 and		
Ē	"	compare lines 70 through 74.		_	
S.	70	Capital stock, trust principal, or current funds		<u>0</u> .	·  <u>70</u>
3	71	Paid in or capital surplus, or land, building, and		25 126	· 71
4	72	Retained earnings, endowment, accumulated		<u>36,196.</u>	<u></u>
ž	73	Total net assets or fund balances (add lines 67 thro		26 106	<b>-</b> ,
		column (A) must equal line 19; column (B) must equ	al line 21)	<u>36.196.</u>	
	74	Total liabilities and net assets/fund balance	s. Add lines 65 and 73	<u>36,336</u> .	. 74

INTERNATIONAL SOCIETY FOR CONCRETE

Forn	1990 (2005) PAVEMENTS, INC.			<u> 2-21</u>
	rt IV-A Reconcillation of Revenue per Audited Finan	cial Statements Wi	th Revenue pe	r Retur
	Instructions.)			
	Total revenue, gains, and other support per audited financial statemen	ts		a
ь	Amounts included on line a but not on Part I, line 12:	1		
1	Net unrealized gains on investments		1	_ […]
2	Donated services and use of facilities	<u> </u>	2	<b>—</b> [∷
8	Recoveries of prior year grants	<u>U</u>	<u> </u>	
4	Other (specify):	<u>.</u> <u>b</u>	<u>4L</u>	
	Add lines b1 through b4			<u>ь</u>
¢	Subtract line b from line a			<u>C</u>
đ	Amounts included on Part I, line 12, but not on line a:		.1 .	
1	Investment expenses not included on Part I, line 6b	<u>_</u>	1	
2			<u> 2</u>	— I 🛦
	Add lines d1 and d2			
e De	Total revenue (Part I, line 12). Add lines c and d art IV-B Reconciliation of Expenses per Audited Fina	ncial Statements W	ith Expenses	aer Réi
	Total expenses and losses per audited financial statements			3 A
a	Amounts included on line a but not on Part I, line 17:		A 1	ノド
0	Donated services and use of facilities	lı.		
1	Prior year adjustments reported on Part I, line 20		2 ( )	
2	Losses reported on Part I, line 20		2	::
4	Other (specify):	1 1		
4	Add lines b1 through b4			<u>ь</u>
•	Subtract line b from line a	/% A	<b>Y</b>	c
4	Amounts included on Part I, line 17, but not on line a:			[ .;
٠,	Investment expenses not included on Part I, line 6b		11	:∷
9	Other (specify):	~ <b>~</b> .	12	
_	Add lines d1 and d2			l d
			··-··-	
e				▶ e
P	Total expenses (Part I, line 17). Add lines cland of art W-A   Current Officers, Directors, Trustees, and Co	y Employees (List ea	ch person who was	▶ e san office
P		Employees (List sa e not compensated.) (Se	ch person who was e the instructions.)	e an office
ę P	Total expenses (Part I, line 17). Add lines cland of art W-A   Current Officers, Directors, Trustees, and Co	y Employees (List ea	ch person who was e the instructions.)	e an office
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si 10	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and c or key employee at any time during the year even if they we  (A) Name and address  IIRAZ D. TAYABJI  1130 MAXINE STREET	Employees (List ea e not compensated.) (Se (B) Title and average hours per week devoted to position PRESIDENT	ch person who was e the instructions.) (C) Compensation (If not paid, enter -0)	e an office  (D) Contrib employee plans & d
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SI   1   1   1   1   1   1   1   1   1	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and c or key employee at any time during the year even if they we  (A) Name and address  IIRAZ D. TAYABJI  1130 MAXINE STREET  LLICOTT CITY, MD 21042 AN ZOLLINGER  3E CE/TTI BLDG  OLLEGE STATION, TX 7843	Employees (List ea ont compensated.) (Se ont compensated.) (Se (B) Title and average hours per week devoted to position  PRESIDENT  10.00  VICE-PRESIDEI  5.00	ch person who was e the instructions.) (C) Compensation (If not paid, enter -0)  0.	e an office  (D) Contrib employee plans & d
SI   1   1   1   1   1   1   1   1   1	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and c or key employee at any time during the year even if they we  (A) Name and address  IIRAZ D. TAYABJI  1130 MAXINE STREET  LLICOTT CITY, MD 21042 AN ZOLLINGER  3E CE/TTI BLDG  OLLEGE STATION, TX 7843	Employees (List ea ont compensated.) (Se ont compensated.) (Se (B) Title and average hours per week devoted to position  PRESIDENT  10.00  VICE-PRESIDEI  5.00	ch person who was e the instructions.) (C) Compensation (If not paid, enter -0)  0.	e an office  (D) Contrib employee plans & d
SI   1   1   1   1   1   1   1   1   1	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and c or key employee at any time during the year even if they we  (A) Name and address  IIRAZ D. TAYABJI  1130 MAXINE STREET  LLICOTT CITY, MD 21042 AN ZOLLINGER  3E CE/TTI BLDG  OLLEGE STATION, TX 7843	Employees (List ea ont compensated.) (Se ont compensated.) (Se (B) Title and average hours per week devoted to position  PRESIDENT  10.00  VICE-PRESIDEI  5.00	ch person who was e the instructions.) (C) Compensation (If not paid, enter -0)  0.	e an office  (D) Contrib employee plans & d

#### INTERNATIONAL SOCIETY FOR CONCRETE

Form 990 (2	005) PAVEMENTS	INC.			5 <u>2-21</u>
Part V-A	Current Officers, Directors,	Trustees, and Ke	y Employees (continu	ed)	
75 a Enter	the total number of officers, directors, a	and trustees permitted t	o vote on organization bus	siness at board	1
b Are a listed Part l	ny officers, directors, trustees, or key en in Schedule A, Part I, or highest compe I-A or II-B, related to each other through dividuals and explains the relationship(s	nployees listed in Form ensated professional and family or business relat	990, Part V-A, or highest of Lother independent contr	actors listed in Son a statement that id	<del>R</del> OUIS A,
listed Part organ	ny officers, directors, trustees, or key em in Schedule A, Part I, or highest compe I-A or II-B, receive compensation from a ization through common supervision or . Helated organizations include section (	ensated professional and ny other organizations, recommon control? 509(a)(3) supporting org	d other independent contr whether tax exempt or tax manizations.	actors listed in Sch able, that are relate	ed to this
descr	," attach a statement that idontilies the individual bes the compensation arrangements, includi	ing amounts paid to each 11	ship between this organization Idividual by each related orga	t and the other organi nization.	zauon(s), a
d Does	the organization have a written conflict	of interest policy?	- Fundamen That E	Passivad Com	2000
Part V-	Former Officers, Directors, Benefits (If any former officer, dir the year, list that person below and	rentor trustee, or kev en	nplovee receivéd compen:	sation or other bear	BARTS (OESC
	(A) Name and address	NONE	(B) Loans and Advances	(C) Coppelisation	(I)) Contriou en ployee plans & dr compensati
				1025,	
			17		
			0		
		· <del></del>	<b>*</b>		
					_
					<u> </u>
				•	
		<del></del>			-
					<u> </u>
		 · · -			
Part V	Other Information (See the ins	Inactions.)		<u> </u>	
76 Dld	the organication engage in any activity i	not previously reported	to the IRS? It "Yes," attac	h a detailed	
77 We	e any changes made in the organizing of es " attach a conformed copy of the ch	or governing documents hanges.	but not reported to the IF	ts?	
78 a Did N If "	the organization have unrelated busined (es " has it filed a tax return on <b>Form 99</b>	ss gross income of \$1,0 XX-T for this year?		·····	N
80 a lst	s there a liquidation, dissolution, termina no organization related (other than by as	ssociation with a statewi	ide or nationwide organiza	ition) through comm	non
me	nbership, governing bodies, trustees, of (es," enter the name of the organization	flicers, etc., to any othe	r exempt or nonexempt or	ganization?	
81 a Fni	er direct or indirect political expenditure	s. (See line 81 instruction	and check whether it is ons.)		s nonexc
h Did	the organization file Form 1120-POL fo	or this year?			

Form 990 (2005) PAVEMENTS . INC . . . Part VI Other Information (continued)

1.5	<u> </u>	At Other unormised.		
82 a		Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at	subst	antiall
		less than fair rental value?	• • • • • • • • • • • • • • • • • • • •	
k		if "Yes," you may indicate the value of these items here. Do not include this		
		amount as revenue in Part II or as an expense in Part II.  (See instructions in Part III )	N/	Ά
	9	(See instructions in Part III.)		
<b>83</b> a	a	Did the organization comply with the disease we will be a selected to said one are exemption approached in	m/	ъ
	ונ	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	#37.	
84 2	2	Dig the organization solicit any contributions or gifts that were not tax deductible?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts.	fte urar	n not
			IS WEI	GIIV
		tex deductible? 501(c)(4), (5), or (6) organizations, a Were substantially all dues nondeductible by members?	N/	λ
85	. ;	501(c)(4), (5), or (5) organizations, a were substantially an odes nondepolicible by members?	#!./. N /	Δ
	0	Did the organization make only in-house labbying expenditures of \$2,000 or fees?	#7:4: eceive:	da 4
				~
		walver for proxy tax owed for the prior year.  Dues, assessments, and similar amounts from members	70-4	7
		Doda, addocument, who are made and a second		<del></del>
		Section 162(e) lobbying and political expenditures	N <sub>N</sub> /	Ä
	e	Aggregate nondeductible amount of section 5003(a)(1)(4) dides notices  Taxable amount of lobbying and political expenditures (line 85d less 85e)  85f	N/	Α
	f -	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/	
		If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount of the organization agree.		<i></i>
	h	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the		
		<b>-</b>	N/	Ά
06		following tax year?  501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on	,,	
86		4. \7   gc-	N/	A
		Gross receipts, included on line 12, for public use of club facilities 86b	N/	
		501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a		'A
87		Gross income from other sources. (Do not net amounts due or pald to prince)		
	ы	against amounts due or received from them.)	N/	A
88		At any time during the year, did the organization own a 50% or greater laterest in a taxable corporation or par	tnershi	p,
•••		or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.77	01-3?	
		If "Yes," complete Part IX		
89	2	501(c)(3) organizations. Enter: Amount of tax imposed to be aganization during the year under:		
••	~	section 4911▶ 0 .; section 49 2 0 .; section 4955 ▶		- {
	b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		
	-	transaction during the year or did it become aware of an excess benefit transaction from a prior year?		
		If "Yes," attach a statement explaining each transaction		
	G	Enter: Amount of tax imposed on the obsavization managers or disqualified persons during the year under		
		sections 4912, 4955, and 4958		▶_
		Enter: Amount of tax on line 820 above, reimbursed by the organization		►_
90	a	List the states with which acopy of this return is filed NONE	· · · · · ·	
	b	Number of employees engloyee in the pay period that includes March 12, 2005	90b	<u> </u>
91	a	The books are in care of ARK SNYDER Telephone no		
		Located at ► 630 C OYSTER CT. BRIDGEVILLE, PA	_ Z	P + 4
	b	At any time during tipe calendar year, did the organization have an interest in or a signature or other authority		
		over a financial account in a foreign country (such as a bank account, securities account, or other financial		
		account)?		
		If "Yes," enter the name of the foreign country		
		See the instructions for exceptions and fling requirements for Form TD F 90-22.1, Report of Foreign Bank		
		and Financial Accounts.		
	¢	At any time during the calendar year, did the organization maintain an office outside of the United States?		
		If "Yes," enter the name of the foreign country   N/A		
92	!	Section 494/(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here	i	
		and enter the amount of tax-exempt interest received or accrued during the tax year	92	

Form 990 (2005)

PAVEMENTS, INC.,

Part VII	Analysis of Income-Producing	g Activities (	see the instructions.)	т	
Note: Ente	r gross amounts unless otherwise	Unrelate (A) Business	ed business income (B)	(C) Exclu-	by section 512, 513, or 524 (D) Amount
62 Propra	m service revenue:	code	Amount	aion 1	Allount
	GRAM SERVICE REVENUE	s - T		1	· · · .
a FIC	GIAMI DERVICE WEVEROR	-		1 1	
Φ		- <del>  </del>		<del>                                     </del>	
G		- <del> </del> -		+	
d		– <del> </del>		+ +	
ė	·	- <del>                                    </del>		+	
	are/Medicaid payments			!	<del></del> -
•	nd contracts from government agencies		·· <del>·</del>	1 +	
	ership dues and assessments			<del>                                     </del>	1 504
	on savings and temporary cash investments			14	
96 Divide	nds and interest from securities		<del></del>	<del> </del>	
97 Net re	ntal income or (loss) from real estate:	<u> </u>			<u> </u>
a debt-fi	nanced property	L'		┩-	-
	bt-financed property			+	
98 Netre	ntal income or (loss) from personal prope	rty		<b></b> i	
	investment income			$\perp$	
	r (loss) from sales of assets				CXV
	han inventory		<u></u> .		
	come or (loss) from special events		L		$\Sigma$
	profit or (loss) from sales of inventory				
103 Other	•				·
	E OF PUBLICATIONS			<b>N</b> 37	
h					
<u> </u>					
и —					
• .,					
104 Subto	tal (add columns (B), (D), and (E))			j.	1,584.
106 Total	(add tine 104, columns (B), (D), and (E))		<del> </del>		<b>-</b>
Note: Line	(add tine 104, columns (B), (D), and (E)) 105 plus line 1d, Part I, should equal the	amount on key	Ş⊫Fart I.		
Part VII	Relationship of Activities to	the Accomb	⊮ishment of Exer	npt Pur	voses (See the instructions
Line No.	Explain how each activity for which income it	reported in Column	ın (E) of Part VII contribu	ited importa	ntly to the accomplishment of t
E1116 110-	exempt purposes (other than by providing to	nds to such purp	oses).		
93A	SEMINARS AND LUNCHEON	FOR EL	UCATIONAL I	PUR <u>PO</u> S	SES REGARDING
	рамемиче (	<b>y</b>			
	DUES AND FEES TO SOW	R COSTS	OF PROVIDI	NG SEN	INARS, LUNCHE
	CONTRACTOR OF THE PARTY OF THE	n <b>bewe</b> eti	MEMBERS.		
Part IX	Information Regarding Taxa	ble Subsidia	ries and Disrega	rded En	tities (See the instructions
	(B)		(G)		(D) Total income
Name, at	dress, and EIN of corporation.  Percenta  ownership		Nature of activities		
рали	Simp, or distage to a safety	%			
	N/A	%			<u> </u>
		%			
<u> </u>		- %			
Part X	Information Regarding Tran	sfers Associ	ated with Persor	nal Bene	fit Contracts (See the in
4-1 Didd	he organization, during the year, receive any fi	inds, directly of ind	 directly, to pay premium:	on a perso	nal benefit contract?
(a) Digit	he organization, during the year, pay premium	s directly or indire	utly, on a nersonal benel	it contract?	
(D) DIG I	me 0.3 Etc. C 0070 and Cock 47	20 fean instructio	land		
	Under ponalties of perjury, I declare that I have exam correct, and complete. Declaration of preparer (other	ned this return, includ	Irig accompanying schedules	Sind statemen	its, and to the bost of my knowledge
Please	currect, and complete. Declaration of preparer (other	inan dinser) is based c	ar as missionation of weeks pr	.p. a mas arry	
Sign	Signature of officer		Date	Typa or p	rint name and title.
Here	· · · · · · · · · · · · · · · · · · ·			Date	Check if P
Paid	Preparer's				self- employed ▶ ☐
Preparer's	Signature / JOHN A. KNU	MICON C C	DI.I.D	J	EIN ► 41-0
Use Only	Yours II	TOOM & CA	О., <b>ги</b> лг Орти		1:14 E
528188	nddress, and First Class Fig. 1.		55113		Phone no. ► (6
02-03-08	ZP+4 FALCON MELG	TITE / PILT			(23110-1101-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-

#### SCHEDULE A

(Form 990 or 990-EZ)

## Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Department of the Treasury Internal Revenue Service

Supplementary Information-(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the org	anization INTERNATIONAL SOCIETY	FOR CONCRETE	Employer I
	PAVEMENTS, INC.,	Olb au Tha	52 21
Part I	Compensation of the Five Highest Paid	t Employees Omer ina	n Onicers, Directors, a
(	(See page 1 of the instructions. List each one. If there are a Name and address of each employee paid more than \$50,000	(b) Tille and average hou per week devoted to position	(c) Compensation (d) Contribution amployee plans & disample of compens
NONE			
			4
<i>.</i>		·	- Aprendig
		v	
Total number of	f other employees paid		
over \$50,000		▶0	
Part II-A	Compensation of the Five Highest Paid	d Indepeπdent Contraç	tors for Professional S
	(See page 2 of the instructions, List each one (whether in	dividuals or firms). If there are	Magaenter (Mone.")
	(a) Name and address of each independent contractor paid	more than \$50,000 💍 🗀	(b) Type of service
	······································		··· -
NONE			_
		<del></del>	
•			
		<b>(</b>	
	<del></del>	<del>5</del>	· ·
		<b></b>	
		<del>_</del>	1
	of others receiving over offessional services	▶ 0	
Part II-B	Compensation of the Five Highest Pai	d Independent Contrac	tors for Other Services
<u> </u>	(List each contractor who platformed services other than	professional services, whether ind	lividuals or
	tirms. If there are name, suffer None. See page 2 of the in	structions.)	· ··
	(a) Name and addition of Each independent contractor paid	more than \$50,000	(b) Type of service
	·		<u> </u>
NONE			
		<b></b>	
	<del></del>		-
			.
			.
	of other contractors receiving over	_ n	
\$50,000 for ot	net services	<u>F.</u> 1	<u> </u>

- n					
ט ו	uring the	year, has the organization attempted to influ	ence national, state, or local t	egistation, including any attempt to Influ	ence
ρı	ublic opini	ion on a legislative matter or referendum? If	"Yes," ealer the total expense	s paid or incurred in connection with the	3
lo	ibbying ac	alivitios 🕨 💲	\$	(Must equal amounts on I	ine 38, Part VI-/
ļi	nc Fot Par	rt VI-B.)			
0	rganizatio	ns that made an election under section 501(	(h) by filing Form 5768 must	complete Part VI-A. Other organizations	
G	hecking "Y	fes" must complete Part VI-B AND altach a s	tatement giving a detailed do:	scription of the lobbying activities.	
tr p a	rustees, di erson is a ettach a d	year, has the organization, either directly of frectors, officers, creators, key employees, of iffiliated as an officer, director, trustee, major letailed statement explaining the transal ange, or leasing of property?	r members of meir families, o rity owner, or principal benefi ottons.)	or with any taxable organization with while iciary? (If the answer to any question	is "Yes,"
	•	money or other extension of credit?			
c F	urnishina	of goods, services, or facilities?		•	100
٧.	a	,,,			(A)
d F	avment o	f compensation (or payment or reimbursem	ent of expenses if more than	\$1,000)?	<b>*</b>
•	_,			<b>₹</b> `	<b>•</b>
e I	Fransfor of	fany part of its income or assets?			<u> </u>
3 a E	o you ma	ske grants for scholarships, fellowships, stud	leat loans, etc.? (If "Yes," atta	ich an explanation of how	
y	os detern	ning that recipients qualify to receive paymen	nts.)		
b (	Эо уон һач	ve a section 403(b) annuity plan for your em	ployees?		
ç [	During the	year, did the organization receive a contribu	ition of qualified real property	rinlerest under Section 170(h)?	
4 a [	Did you <b>m</b> a	aintain any separate account for participating	g donors where donors have		
Ţ	on the use	or distribution of funds?	·		
<u>b [</u>		ovide credit counseling, debt management, o			
		Reason for Non-Private Foun		<u> </u>	-
The o	organizatio	on is not a private foundation because it is: (	Please check only ONE wpli	erble box.)	
5		A church, convention of churches, or asso-	ciation of churchay. Sequent 1	170(b)(1)(A)(i).	
6		A school. Section \$70(b)(1)(A)(ii). (Also co	Implete Part (1)		
7		A hospital of a cooperative hospital service	: organizatog: So, Kon 170(b)	)(1)(A)(iii).	
8		A Federal, state, or local government or go	vernmentskingt. Section 170	(b)(1)(A)(v).	
9	<u> </u>	A medical research organization operated in and state	<b>M</b> 1		
10		An organization operated for the benefit of	a college or university owner	d or operated by a governmental unit. Se	ction 170(b)(1)
		<b>A X</b>			
1 ta		An organization that normally receives a s Section 170(b)(1)(A)(vi) (1) section 170(b)(1)(A)(vi) (1)(A)(vi) (1)(A)(a)(	ubstantial part of its support	from a governmental unit or from the ge	neral public.
		Section 170(b)(1)(A)(vi) (New complete to	ho <b>Support Schedule</b> in Parl	IV-A)	
1 <b>1</b> b		A community trust, Section (1966b)(1)(A)(4	vi). (Also complete the Suppo	ort Schedule in Part IV-AL)	
12	X	An organization that porthally receives: (1) receipts from activities related to its charit its support from gross investment income by the organization after June 30, 1975. S	able, etc., tunctions - subject and unrelated business taxal	to certain exceptions, and (2) no more t ble income (tess section 511 tax) from b	nan 33 173% or usinesses acqui
		An oranization that is not controlled by a			
13		(1) lines a through 12 above; or (2) section	ny disquanneu persons (ome: no Endvolva) (6), or (6), if th	ar most the test of section 509(a)(2). Ch	eck the box that
		the type of supporting organization:	Type 1	Type 2	lyp
_		Provide the following in	iformation about the support	ed organizations. (See page 6 of the inst	
—			nme(s) of supported organiza		
_					
_					

INC.

Schedule A (Form 990 or 990-EZ) 2005 PAVEMENTS.

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting the converting from the accrual to the cash method of accounting the cas Calendar year (or fiscal year (b)\_2003 (c) 2002 (d) 2001 (a) 2004 beginning in) Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) 8,000. 0 9,800 8.000. 1,805 8,408 8,408. 11,700. Membership fees received 16 Gross receipts from admissions, 17 merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's 110. 12,800 ٥. charitable, etc., purpose 110. Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and enrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 Net income from unrelated business activities not included in line 18 Tax revenues levied for the 20 organization's benefit and either paid to it or expended on its behalf The value of services or facilities 21 furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets .500 11,605 16.518. 23 Total of fines 15 through 22 605 11.700. 16,408. Line 23 minus line 1/ .... . ...... 24 116 Enter 1% of line 23 165. 25 26a Organizations described on lines 10 or 11: a Enter 2% of amount in <del>ա</del>նտո (e), line 24 -Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts ( sthrough 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts Total support for section 509(a)(1) test: Enter line 24 column (e) Add; Amounts from column (e) for lines: 26b 26d e Public support (line 26c minus line 26d mal) 26e Public support percentage (line 2004 franciator) divided by line 26c (denominator)) Organizations described on time 12,2 for amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepa records to show the name of and total amounts received in each year from, each "disqualified person." Do not file this list with your retur such amounts for eachygar: **0.** (2003) **0.** (2002) **0.** (2001) (2004) (2004) (2005) (2007) (2 and amount foreived for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (include in the described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. Aller computing the difference between the the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) 0. (2003) 0. (2002) 12,800. (2001) 15 <u>25,80</u>0. 16 <u>30,321.</u> Add: Amounts from column (e) for linex: 17 13,020. 20 21 12,800. d Add: I ine 27a total \_\_\_\_\_\_ 1 , 0 0 0 . \_\_\_\_ and line 27b total \_\_\_\_\_ \_\_\_ 27d g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not return. Do not include these grants in line 15. NONE 523121 02-03-06

Schedule A (Form 990 or 990-E7) 2005 PAVEMENTS . INC. .

Part V Private School Questionnaire (See page 7 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nundiscriminatory policy toward students by statement in its charter, bytaws, other governing instrument, or in a resolution of its governing body?
30	Dues the organization include a statement of its racially nondiscriminatory policy toward students in all its prochures, catalogues,
	and other written communications with the public dealing with student admissions, programs, and scholarships?
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?  If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)
32	Does the organization maintain the following:
а	Records indicating the racial composition of the student body, faculty, and administrative staff?
b	Records documenting that scholarships and other linancial assistance are awarded on a racially nondiscriminatory basis.
C	Copies of all catalogues, brochuros, announcements, and other written communications to the public dealing with stotlett
	admissions, programs, and schotarships?
d	Copies of all material used by the organization or on its behalf to solicit contributions?
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)
33	Does the organization discriminate by race in any way with respect to:
a	Students' rights or privileges?
þ	Admissions policies?
Ċ	Employment of faculty or administrative staff?
đ	Scholarships or other financial assistance?
ė	Educational policies?
f	Use of facilities?
9	Athletic programs?
h	Other extracurricular activities? If you answered "Yos" to any of the above, please explain.
	<b>3</b> . J
34 a	Does the organization receive any financial and possistance from a governmental agency?
b	
	if you answered "Yes" to either 344 to a needse explain using an attached statement.
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,
	1975-2 C.B. 587, covering actal headiscrimination? If "No," attach an explanation
	Schodule A

P		xpenditures by ed ONLY by an eligible				e 9 of the i	nstructions.)			
Che		ation belongs to an affil		Check		ou checke	i "a" and "lim	ited cor	ntrof" p	ŀĽĊ
		mits on Lobbyin					(&) Affiliated g totals			1
	(The ter	m "expendituros" mean	s amounts paid of	r incurred.)					- -	_
							N/A			
38	fotal lobbying expenditures b					36			$\dashv$	_
37	Total lobbying expenditures t					37			-	_
38	Total lobbying expenditures (add lines 36 and 37) Other exempt purpose expenditures				1	88		<b></b> ·	}	_
89						39			$\rightarrow$	_
40	Total exempt purpose expend					4 <u>0</u>		. : : .	┯╌┼	Ξ
41	Lobbying nonlexable amount							::::		
	If the amount on line 40 is -		bbying nontaxab					::::::	· 🔏	
	Nat over \$500,000							· : : : : .	_\	٦
	Over \$500,000 but not over \$1,000	0,000 \$100,00	00 plus 15% of the m	coss over \$500,0				/"0		¥,-
	Over \$1,000,000 but not ower \$1,5					41	1. T. T. T. T		<del>)</del> 7	
	Over \$1,500,000 but not over \$17,						, C	-	_	
	Over \$17,000,000					·		<b>.</b>	.	.,
42						42	_ <del></del>	·		_
43						43 (	At the		$\dashv$	_
44	Subtract line 41 from line 38.	. Enter -D- if line 41 is r	nore man line 38			<b>"*()</b>		:::-		_
	Caution: If there is an ama			- untille Enve	m 4700 d	(L)		::		·:·
	lendar year (or	(a)		(6)	(c) 200	1		(d) 1002		
	cal year beginning in)	2005			7.00	'	<del>                                     </del>	.,,,,,,		$\exists$
45	I obbying nontaxable			<b>, Y</b>			<u></u>			
46	Lobbying ceiling amount (150% of line 45(c))		7					. :		:
47	Total lobbying	7	· . •							
	expenditures						<u> </u>			
48	Grassroots nontaxable		r		1					
	amount	$\bot \mathcal{Q}_{1}Y$		<del> </del>	<u> </u>		<del> </del> -		<u> </u>	
49		VA	· · ·   :: : : :		: •	: ::		•:		. :
_	(150% of line 48(e))		·- <del></del>		· · · · · · · · · · · · · · · · · · ·		<del>                                     </del>			
50	Grassroots lobbying expenditures	*			ļ					
F	Part VI-B Lobbying	Activity by Nor	electing Pu	blic Charit	ties					
_	(filer eporting	only by organizations	hat did not comp	ete Part VI-A) (	See page 11 of	he instruct	inns.)	.—		_
Du	iring the year, did the organiza	tion attempt to influence	ce national, state (	n local legislatio	on, i <b>ncluding</b> an	y attempt to	נ	Yes	No	
int	fluence public opinion on a leg	istative matter or refere	sadum, through fi	ie ose of:						┞
2	Volunteers								<u> </u>	ł
b	Paid slaff or managoment (l							<b>├</b> ─-	X	+
(									X	+
(								<u> </u>	X	+
ŧ	· · · · · ·								<u>X</u>	+
	1 Grants to other organization								X	+
(								<del></del>	. Х Х	
1	Rallies, demonstrations, set							<del> </del>	^_	t
	<ul> <li>Total lobbying expenditures if 'Yes' to any of the above,</li> </ul>	i digilottii a semi labaji saleo altech a etatomas	L). It objina a detailed	description of	like Inhhving act	 ivities.				.ł
	ii tes lo ally of the abouve,	alor anach a statemen	ir divinið er dereinsm	Season priori or	**** *********************************					_

Par	t۷					Relationships With Nonchar
		Exempt Organiz				to the described in a set of
51	ĐIđ	ithe reporting organization di	irectly or indirectly e	ngage in any of the f	ollowing with any other	organization described in section
	<b>5</b> 01	(c) of the Code (other than s	ection 501(c)(3) arg	janizations) or in sec	tion 527, relating to pot	ifical organizations?
а		nsfers from the reporting org				
		Cash				
		Other assets				
b		er transactions:				
						.,
		-				
		) Loans or loan guarantees				
C	Sha	aring of facilities, equipment,	mailing lists, other a	assets, or paid emplo	yees	
d	ii t	he answer to any of the abov	e is "Yes," complete	the following schedu	ic, Goldmin (a) should a	Ilways show the fair market value of the
	goe	ods, other assets, or services	given by the report	ing organization. If it	ge organization received	less than fair market value in any
	і	nsaction or sharing arrangen	vent, s <u>now in comm</u>		goods, outer assets, or	A
(a)		(b) Amount involved	Name of	(c) noncharitable exemp	t ornanization	Description of hansers) transactions, an
Line	····	Valled ill interiorists	<u> </u>			SEE STATEMENT 2
	<u>.</u>	4 5 0		CONCRETE	PAVEMENT	SEE STATEMENT Z
<u>B(</u>	<u>[ )</u>	150.	ASSOCIATI	LON	· · ·	<b>_</b>
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_	$\rightarrow$		<del>                                     </del>	<u> </u>	<del></del>	· · · · · · · · · · · · · · · · · · ·
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	-	<del></del>	<del>                                     </del>		<del></del>	
_	$\dashv$		<del>                                     </del>			<del></del> /
	$\dashv$		<del>                                     </del>	— <del>~</del>	· -	
	$\dashv$			<del></del>		<u> </u>
	$\dashv$			- A		
			<del>                                     </del>			
	$\dashv$		<del> -</del>			
_	$\dashv$		<del>                                     </del>		<del></del>	<del>                                     </del>
_	-	<del></del>	+ · <del></del>	<b>—</b>		<u> </u>
		the energy state of the principle	ndisonthe offiliation	h ne related to one	or more tax-evenual ard	panizations described in section 501(c) of the
b2 a	15	the organization directly of the ode (other than section 501(d	Way as ideastles 5	(II, (3 TEMBER 10, OHE (379	Of Highly day examptions	Paristalians described in application on I(a) as a
	LC.	Yes," complete the following	chinana	N/A	···-··-·······························	
<u>D</u>		162' COLUMNET UIC IONOMINÀ			(b)	{G}
		Name o	ganization		Type of organization	Description of relatio
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528151 02:03:08

Schedule A (I

Schedule A

## Payments from Disqualified Persons Included on Part IV-A, Line 27a

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Payer's Name	2004 Amount	2003 Amount	2002 Amount
			0
	<u> </u>		
	<u>-</u>		
			\$ 500 ·
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		<u></u>	<b>)</b>
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Schedule A

# Excess Payments from Non-Disqualified Persons Included on Part IV-A, Line 27b

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Payer's Name	2004 Amount	2003 Amount	2002 Amount
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al to Schedule A, Line 27b	0.	0.	12,80

INTERNATIONAL SOCIETY FOR CONCRETE PAVEMENTS, INC. 52-2167454

#### **BOARD OF DIRECTORS FOR 2005**

BOARD OF DIRECTORS FOR 2005		
•	# HRS/WEEK	
MARK B SNYDER	10	
JAMES CABLE	<1	
MICHAEL DARTER	<1	
JEAN-PIERRE CHRISTORY	<1	•
JUAN-PABLO COVARRUBIAS	<1	
FRED HEJL	<1	<b>A</b>
KATHLEEN HALL	<b>&lt;1</b>	Aprend
TOM KAZMIEROWSKI	<1	
GERRY KROZEL	<1	
ANDRE MOLENAAR		C.S. OL
JAMES GROVE	<1	OSKI
DAVID PITTMAN	<1 ^	$\mathcal{O}_{\wedge}$
JOHN POTTER	<1	
GORDON SMITH	<1 . **	<b>,</b>
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FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III

 $S_1$ 

#### EXPLANATION

TO FURTHER ENGINEERING AND TECHNICAL EDUCATION, SCIENTIFIC INVESTIGAND RESEARCH IN ALL AREAS RELATED TO THE ANALYSIS, DESIGN, CONSTRUCT MATERIALS, MAINTENENCE, REHABILITATION AND MANAGEMENT OF CONCRETE I

FOR PUBLIC INSPECTION PURPOSES ON

15

INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS SCHEDULE A PART VII, LINE 51, COLUMN (D)

SI

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

AMERICAN CONCRETE PAVEMENT ASSOCIATION

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

SOLD 4 CONFERENCE PROCEEDINGS

FOR FURTILE INSPECTION PURPOSITES ONLY

16